6	0	2	3					
---	---	---	---	--	--	--	--	--

- Use Labcorp supplied 5-ply, NON-DOT-regulated chain of Custody form with account number 6203
- 2. Complete the blank spaces of the account number on the Chain of custody form with the 5-digit agency code.

## State of Kansas DRUG SCREENING PROGRAM



## CONSENT AND ACKNOWLEDGMENT FORM

As a candidate for a designated position, or an employee in a designated or correctional facility position with the State of Kansas, I hereby consent to and acknowledge that I am scheduled to undergo a drug screen test. The drug screen test will involve an analysis of a urine sample which I will provide at a designated collection site. The purpose of the screen will be to test for the presence of the following substances: marijuana, cocaine, PCP, opiates and amphetamines. I acknowledge that the drug screen test result will be made available to the Director of the Division of Personnel Services, Department of Administration, and to the agency to which I have applied for employment or where I am currently employed by the State. As a candidate, I am aware that my conditional offer of employment in a designated position will be rescinded should I receive a confirmed positive test result or the equivalent, or fail to report to the collection site as scheduled. As an employee with permanent status, I am aware that if I refuse to undergo treatment, or if I have received a previous positive test result or the equivalent, I may be subject to disciplinary action in accordance with Civil Service Guidelines. I will present a copy of this form to the Collection Site when I report for my scheduled drug screen test.

Please Check One: Candidate Employee	
Name: Soc.Sec.No.: Agency Name:	Position No.:——
(Signature of Candidate or Employee)	Date
(Signature of Supervisor or Agency Representative)	Date
DA412 Original to DPS. Copies to Agency, Candidate or Employee, and Collection Site	12/04